

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

Sharomine A. Martin

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Educational Testing Service

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	Sharomine A Martin
	Street Address	22 West Spring Avenue
	County, City	Montgomery, Ardmore
	State & Zip Code	Pennsylvania 19003
	Telephone Number	(480)206-7256

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Sharomine A. Martin
 Street Address 660 Rosedale Road
 County, City Mercer, Princeton
 State & Zip Code New Jersey 08540

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal Questions ☐ Diversity of Citizenship
☐ U.S. Government Plaintiff ☐ U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? 42 U.S.C. §§ 12101 et seq. Americans with Disabilities Act (ADA) ;

42 U.S.C. § 12111-12117

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? At place of employment, Educational Testing Service (ETS), 660 Rosedale Road, Princeton NJ 08540

B. What date and approximate time did the events giving rise to your claim(s) occur? June 23, 2015 - December 1, 2015

C. Facts: I requested reasonable accommodation due to my disability. Respondent denied my request. I appealed said response and again requested reasonable accommodation. The last day I physically worked in the office was September 11, 2015 due to denials of my requests. Due to said denials, I was forced to apply for short term disability. November 30 2015, I was released to return to work with reasonable accommodation. On or about December 1, 2015, respondent informed me that I could not return to work unless I was released to work full-time and without restrictions.

What happened to you?

Alicia Diaz (ETS), denied all requests for accommodation from my physician.
Frank Bockman (ETS), took disciplinary action against me for utilizing sick days.
Marlene Wolf (ETS), granted other employee's requests I was denied; and threatened me with "Insubordination" disciplinary action if I did not come to the office.

Who did what?

Chuck Crocco informed that I could not return to office, unless full-time and without restriction
Yes, multiple other ETS team employees were permitted to work from home.
MetLife approved my short term disability.

Was anyone else involved?

Dr. Aimee Luo, provided facts and documentation regarding my medical condition and requested accommodations.

Yvette Donado (ETS), was consulted on insubordination threats.

Edgar Medina (EEOC), accepted charge of discrimination on December 07, 2015; Charge Number 530-2016-00636. Fact finding conference was held May 1, 2019. Dismissal and Notice of Rights, July 20, 2021.

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

Workplace hostility and retaliation, June 23, 2015 - September 10, 2015

Short term disability, September 21, 2015 - November 30, 2015

Unemployment upon constructive termination, December 2015 - February 2017

V. Relief:

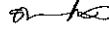
State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Award lost wages (\$108,957), severance (\$15,290) and emotional distress (\$22,000) + court fees (\$402) and attorney's fees (unknown)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of October, 2021.

Signature of Plaintiff



Digitally signed by Sharomine Martin
Date: 2021.10.19 06:26:08 -04'00'

Mailing Address 22 West Spring Avenue
Ardmore, PA 19003

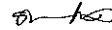
Telephone Number (480)206-7256

Fax Number (if you have one) _____

E-mail Address sharomine@hotmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff:



Digitally signed by Sharomine Martin
Date: 2021.10.19 06:25:52 -04'00'